

BEST AVAILABLE COPY

T-438 P.002 F-433

U.S. Department of Commerce
Patent and Trademark Office
PATENT

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 990288
In Re Application of: Simic, et al.
Serial Number: 09/707,458
Filed: November 6, 2000
Examiner: Shuwang Liu
Group Art Unit: 2661

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	9	20	0	x \$18 =	\$0
Independent**	3	5	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$
EXTENSION FEES				<input type="checkbox"/> One Month	\$110
				<input type="checkbox"/> Two Months	\$420
				<input checked="" type="checkbox"/> Three Months	\$950
TERMINAL DISCLAIMER				\$110	\$0
				TOTAL FEE	\$950

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$950.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 12/10/03

Signature: Timothy Loomis, Reg. No. 37,383
858-845-8355QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

- ☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: _____
(type or print name)

Date: 12/10/03

FACSIMILE

- ☒ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kasmedo
(type or print name)Signature: 

(TRANSAMD.VER1.13-07/30/03)